

Form 990

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.		D Employer identification number 20-8802884
	Doing business as		E Telephone number 646-324-8250
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 4184		G Gross receipts \$ 65,747,542.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10163		
F Name and address of principal officer: JOHN FEINBLATT P.O. BOX 4184, NEW YORK, NY 10163		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.EVERYTOWN.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2007 M State of legal domicile: DE	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE PRIMARY ACTIVITY OF EVERYTOWN FOR GUN SAFETY ACTION FUND IS TO PROMOTE GUN SAFETY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	4
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	217
	6	Total number of volunteers (estimate if necessary)	2628761
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
		Prior Year	
8		Contributions and grants (Part VIII, line 1h)	46,669,079.
9		Program service revenue (Part VIII, line 2g)	125,061.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,883.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	383,606.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,187,629.
		Current Year	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	419,500.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16,023,447.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	572,576.
	b	Total fundraising expenses (Part IX, column (D), line 25)	3,269,110.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	29,459,552.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	46,475,075.
	19	Revenue less expenses. Subtract line 18 from line 12	712,554.
			Beginning of Current Year
	20	Total assets (Part X, line 16)	10,888,669.
	Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)
22		Net assets or fund balances. Subtract line 21 from line 20	9,699,507.
		End of Year	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	JOHN FEINBLATT, PRESIDENT	11/6/2023
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	JOSEPH KLUEMPER	Joseph R. Klumper
	Firm's name	Firm's EIN
	GELLER & COMPANY LLC	13-4149326
	Firm's address	Phone no.
	P.O. BOX 1510 NEW YORK, NY 10150	212-583-6000

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Taxpayer identification number (TIN) 20-8802884
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 4184	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10163	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

MICHAEL BROUILLARD C/O GELLER & COMPANY LLC

- The books are in the care of ► **PO BOX 1510 - NEW YORK, NY 10150**

Telephone No. ► **212-583-6000**Fax No. ► **646-998-8527**

- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ . If this is for the whole group, check this box ► ☐ . If it is for part of the group, check this box ► ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2022** or
► ☐ tax year beginning _____ , and ending _____ .

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2022)

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.

Form 990 (2022)

20-8802884 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 1** Briefly describe the organization's mission:
THE PRIMARY ACTIVITY OF EVERYTOWN FOR GUN SAFETY ACTION FUND IS TO PROMOTE GUN SAFETY LEGISLATION AND INITIATIVES AND REDUCE GUN VIOLENCE THROUGH THE EDUCATION OF POLICY-MAKERS, THE PRESS, AND THE PUBLIC ABOUT THE CONSEQUENCES OF GUN VIOLENCE AND ORGANIZING COMMUNITIES IN
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a** (Code:) (Expenses \$ **47,622,014.** including grants of \$ **998,300.**) (Revenue \$)
2022 WAS A YEAR MARKED BY PROGRESS IN THE WAKE OF TRAGEDY WITH EVERYTOWN FOR GUN SAFETY ACTION FUND LEADING THE WAY IN ACCOMPLISHING THE MOST SIGNIFICANT FEDERAL PROGRESS IN A GENERATION. IN THE DAYS AND WEEKS AFTER THE TRAGIC MASS SHOOTING IN UVALDE, TEXAS, EVERYTOWN, MOMS DEMAND ACTION AND STUDENTS DEMAND ACTION VOLUNTEERS ORGANIZED HUNDREDS OF MOBILIZATION AND PUBLIC AWARENESS EFFORTS ACROSS THE COUNTRY URGING THE SENATE TO TAKE ACTION, FROM SCHOOL WALKOUTS, TO MAJOR RALLIES ON CAPITOL HILL, TO HYPER-LOCAL COMMUNITY ACTIVATIONS, AND MORE. THOSE EFFORTS CULMINATED IN THE PASSAGE OF THE BIPARTISAN SAFER COMMUNITIES ACT, THE FIRST MAJOR PIECE OF FEDERAL GUN SAFETY LEGISLATION TO BECOME LAW IN NEARLY 30 YEARS. THE BILL PASSED OVER THE OBJECTION OF THE NRA AND MARKED A HISTORIC VICTORY.
- 4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)
- 4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)
- 4d** Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)
- 4e** Total program service expenses **47,622,014.**

Form **990** (2022)

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Form 990 (2022)

20-8802884 Page **3**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Form 990 (2022)

20-8802884 Page **4**

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	108
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Form 990 (2022)

20-8802884 Page **5**

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 217		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Form 990 (2022)

20-8802884 Page **6**

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	4		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	4		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6		X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b			X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No	
10a Did the organization have local chapters, branches, or affiliates?	10a	X		
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X		
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X		
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X		
13 Did the organization have a written whistleblower policy?	13	X		
14 Did the organization have a written document retention and destruction policy?	14	X		
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a	X		
b Other officers or key employees of the organization	15b	X		
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MN

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
MICHAEL BROUILLARD C/O GELLER & COMPANY LLC - 212-583-6000
PO BOX 1510, NEW YORK, NY 10150

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Form 990 (2022)

20-8802884 Page **8**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								1,741,253.	0.	234,828.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,741,253.	0.	234,828.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **69**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GELLER ADVISORS LLC PO BOX 1510, NEW YORK, NY 10150	FINANCIAL AND ADVISORY SERVICES	4,343,087.
VENABLE LLP, 750 E. PRATT STREET, SUITE 900, BALTIMORE, MD 21202	LEGAL SERVICES	4,037,393.
GREAT AMERICAN MEDIA INC, 3050 K STREET NW SUITE 100, WASHINGTON, DC 20007	ADVERTISING	1,885,908.
WATERFRONT STRATEGIES INC, 3050 K STREET NW SUITE 100, WASHINGTON, DC 20007	ADVERTISING	1,650,733.
ANNE LEWIS STRATEGIES LLC, 650 MASSACHUSETTS AVENUE NW SUITE 505,	FUNDRAISING STRATEGIC CONSULTING	1,519,500.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **44**

Form **990** (2022)

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Form 990 (2022)

20-8802884 Page **9**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	65,049,593.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 56,550.				
	h Total. Add lines 1a-1f				65,049,593.		
Program Service Revenue	2 a OTHER PROGRAM SERVICE	Business Code 900099		280,468.	280,468.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			280,468.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			167,160.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties				105,909.			105,909.
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b	64,561. 56,550.				
c Gain or (loss)		7c	8,011.				
d Net gain or (loss)				8,011.			8,011.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a PRIOR YEAR REFUNDS	Business Code 900099		79,851.			79,851.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			79,851.			
	12 Total revenue. See instructions			65,690,992.	280,468.	0.	360,931.

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Form 990 (2022)

20-8802884 Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	998,300.	998,300.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	238,657.	79,711.	79,473.	79,473.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,687,488.	12,203,688.	1,252,251.	231,549.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	411,940.	376,504.	28,986.	6,450.
9 Other employee benefits	2,758,381.	2,463,742.	263,533.	31,106.
10 Payroll taxes	1,131,498.	1,030,710.	84,041.	16,747.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,051,202.	3,570,757.	393,153.	87,292.
c Accounting	4,391,127.		4,391,127.	
d Lobbying	4,371,851.	4,371,851.		
e Professional fundraising services. See Part IV, line 17	412,344.			412,344.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,694,139.	4,189,536.	442,278.	62,325.
12 Advertising and promotion	7,269,544.	6,329,544.		940,000.
13 Office expenses	730,717.	252,894.	477,643.	180.
14 Information technology	692,379.	411,087.	277,078.	4,214.
15 Royalties				
16 Occupancy	416,583.	416,583.		
17 Travel	1,606,854.	1,542,932.	42,135.	21,787.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	608,839.	518,298.	30,963.	59,578.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	411,330.	379,795.	29,270.	2,265.
23 Insurance	178,394.	21,140.	157,254.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a POLITICAL CONTRIBUTIONS	7,612,125.	7,612,125.		
b POSTAGE AND PRINTING	1,610,935.	473,113.	5,490.	1,132,332.
c BANK & CREDIT CARD FEES	1,059,747.		1,059,747.	
d POLLING & SURVEYS	246,670.	246,670.		
e All other expenses	401,159.	133,034.	86,657.	181,468.
25 Total functional expenses. Add lines 1 through 24e	59,992,203.	47,622,014.	9,101,079.	3,269,110.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Form 990 (2022)

20-8802884 Page **11**

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,672,855.	1	6,920,994.
	2 Savings and temporary cash investments	1,690,508.	2	7,856,147.
	3 Pledges and grants receivable, net	1,300,000.	3	50,000.
	4 Accounts receivable, net	790,188.	4	628,719.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	426,070.	9	526,195.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	793,547.		
	b Less: accumulated depreciation	454,943.		
		446,408.	10c	338,604.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	562,640.	14	453,097.
15 Other assets. See Part IV, line 11	0.	15	1,713,539.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,888,669.	16	18,487,295.	
Liabilities	17 Accounts payable and accrued expenses	1,189,162.	17	1,135,798.
	18 Grants payable		18	30,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	1,923,196.
	26 Total liabilities. Add lines 17 through 25	1,189,162.	26	3,088,994.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,379,263.	27	15,336,936.
	28 Net assets with donor restrictions	1,320,244.	28	61,365.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	9,699,507.	32	15,398,301.
	33 Total liabilities and net assets/fund balances	10,888,669.	33	18,487,295.

Form **990** (2022)

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Form 990 (2022)

20-8802884 Page **12**

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	65,690,992.
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,992,203.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,698,789.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,699,507.
5	Net unrealized gains (losses) on investments	5	5.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,398,301.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form **990** (2022)

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.

Employer identification number

20-8802884

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(4) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>29,584,744.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>		\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>14</u>		\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>15</u>		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>16</u>		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>17</u>		\$ <u>145,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>18</u>		\$ <u>145,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 75,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 84,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 67,014.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 51,369.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 41,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 25,962.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 24,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 19,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 17,136.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 15,741.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 14,627.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 13,664.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 13,233.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 12,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 12,094.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 12,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 11,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 11,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 11,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 10,662.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 10,280.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 10,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>103</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>104</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>105</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>106</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>107</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>108</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>109</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>110</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>111</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>112</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>113</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>114</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>121</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>122</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>123</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>124</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>125</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>126</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130		\$ 9,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131		\$ 9,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132		\$ 8,976.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>133</u>		\$ <u>8,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>134</u>		\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>135</u>		\$ <u>8,160.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>136</u>		\$ <u>8,139.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>137</u>		\$ <u>8,025.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>138</u>		\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>139</u>		\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>140</u>		\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>141</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>142</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>143</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>144</u>		\$ <u>7,379.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$ 7,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146		\$ 7,199.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147		\$ 7,162.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148		\$ 7,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149		\$ 7,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153		\$ 6,585.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155		\$ 6,134.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156		\$ 6,118.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>157</u>		\$ <u>6,067.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>158</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>159</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>160</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>161</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>162</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>163</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>164</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>165</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>166</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>167</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>168</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>169</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>170</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>171</u>		\$ <u>5,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>172</u>		\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>173</u>		\$ <u>5,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>174</u>		\$ <u>5,298.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		\$ 5,298.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176		\$ 5,265.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>181</u>		\$ <u>5,070.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>182</u>		\$ <u>5,025.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>183</u>		\$ <u>5,025.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>184</u>		\$ <u>5,010.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>185</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>186</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>193</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>194</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>195</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>196</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>197</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>198</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
266		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
267		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
268		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
269		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
270		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
272		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
273		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
274		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
275		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
276		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
278		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
279		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
280		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
281		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
282		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
284		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
285		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
286		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
287		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
288		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
290		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
291		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
292		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
293		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
294		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
296		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
297		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
298		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
299		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
300		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
301		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
302		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
303		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
304		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
305		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
306		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
308		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
309		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
310		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
311		\$ 25,244,837.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

20-8802884**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
22	STOCK DONATION	\$ 4,844.	12/27/22
24	STOCK DONATION	\$ 50,119.	03/28/22
311	STOCK DONATION	\$ 1,587.	11/22/22
		\$	
		\$	
		\$	

Name of organization

EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.

Employer identification number

20-8802884

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number	20-8802884
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ 16,168,357.
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 8,556,232.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 7,612,125.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 16,168,357.
- 4 Did the filing organization file Form 1120-POL for this year? ☒ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
A HOUSE UNITED	PORTLAND, ME 04101	87-3837122	5,000.	0.
AIMEE ADATTO FREEMAN CAMPAIGN LLC	NEW ORLEANS, LA 70118	81-5337615	2,500.	0.
AISHA WAHAB FOR STATE SENATE 2022	HAYWARD, CA 94541	86-3532837	1,000.	0.
ALL TOGETHER COLORADO	PO BOX 102673 DENVER, CO 80250	85-3959470	75,000.	0.
ALLIANCE FOR COMMON SENSE	WASHINGTON, DC 20005	86-3218927	100,000.	0.
AMY BRADLEY FOR NH STATE REPRESENTA	MANCHESTER, NH 03104	85-0945982	1,000.	0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

LHA

SEE PART IV FOR CONTINUATION

232041 11-08-22

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART I-A, LINE 1:

EVERYTOWN FOR GUN SAFETY ACTION FUND MADE CONTRIBUTIONS TO

CANDIDATES AND POLITICAL COMMITTEES AS WELL AS COMMUNICATIONS RELATED

TO PROMOTING THE ELECTION OF CANDIDATES WHO SUPPORT THE ENACTMENT OF

COMMON-SENSE PUBLIC SAFETY MEASURES TO MAKE OUR COMMUNITIES SAFER FROM

GUN VIOLENCE AND WHO WILL ENFORCE STRONGER GUN SAFETY LAWS.

Part IV Supplemental Information (continued)

PART I-C CONTINUATION:

A HOUSE UNITED

39 WASHBURN AVENUE PORTLAND, ME 04101

EIN: 87-3837122 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

AIMEE ADATTO FREEMAN CAMPAIGN LLC

714 FERN STREET NEW ORLEANS, LA 70118

EIN: 81-5337615 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

AISHA WAHAB FOR STATE SENATE 2022

1179 WEST A STREET #157 HAYWARD, CA 94541

EIN: 86-3532837 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

ALL TOGETHER COLORADO

PO BOX 102673 DENVER, CO 80250

EIN: 85-3959470 COL (D) AMOUNT: 75000. COL (E) AMOUNT: 0.

ALLIANCE FOR COMMON SENSE

1225 I STREET NORTHWEST WASHINGTON, DC 20005

EIN: 86-3218927 COL (D) AMOUNT: 100000. COL (E) AMOUNT: 0.

AMY BRADLEY FOR NH STATE REPRESENTATIVE

895 BRIDGE STREET MANCHESTER, NH 03104

EIN: 85-0945982 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

AMY WALEN FOR STATE HOUSE

PO BOX 833 REDMOND, WA 98073

Part IV Supplemental Information (continued)

EIN: 82-4989832 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

ARIZONA DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE

2910 N CENTRAL AVE PHOENIX, AZ 85012

EIN: 86-0125308 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

BETTER COLORADO ALLIANCE

PO BOX 100033 DENVER, CO 80250

EIN: 83-2505764 COL (D) AMOUNT: 75000. COL (E) AMOUNT: 0.

CAMPAIGN TO ELECT ROCHELLE NGUYEN

2601 COLANTHE AVENUE LAS VEGAS, NV 89102

EIN: 83-2881476 COL (D) AMOUNT: 1500. COL (E) AMOUNT: 0.

CAMPAIGN TO ELECT SUSAN CLIFFORD

4810 BRIARHOOK ROAD SEAFORD, DE 19973

EIN: 87-4350408 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

CAPPS FOR SANTA BARBARA COUNTY SUPERVISOR

1724 SANTA BARBARA STREET SANTA BARBARA, CA 93101

EIN: 87-4536507 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

CHARITY FOR VERMONT

PO BOX 92 RICHMOND, VT 05477

EIN: 88-2169327 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

CHERISE KHAUND FOR MDUSD BOARD 2022

332 MANGROVE WAY WALNUT CREEK, CA 94598

Part IV Supplemental Information (continued)

EIN: 88-3713123 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

CHRIS WARD FOR ASSEMBLY 2022

374 NORTH COAST HIGHWAY 101 STE 2 ENCINITAS, CA 92024

EIN: 85-3947093 COL (D) AMOUNT: 1500. COL (E) AMOUNT: 0.

CITIZENS FOR ADRIENNE JONES

P.O. BOX 118 RANDALLSTOWN, MD 21133

EIN: 52-2065770 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

CITIZENS FOR BILL FERGUSON

27 S ANN STREET BALTIMORE, MD 21231

EIN: 27-2423021 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

CITIZENS FOR KIM ZITO

1013 CASSIDY DRIVE MANHATTAN, KS 66502

EIN: 88-2166929 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

COMMITTEE FOR JOHN LOVICK

2403 157TH PLACE SOUTHEAST MILL CREEK, WA 98012

EIN: 90-0040477 COL (D) AMOUNT: 250. COL (E) AMOUNT: 0.

COMMITTEE FOR PEACE AND JUSTICE

49 WELLINGTON ROAD PORTLAND, ME 04103

EIN: 88-3137217 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT AARON FORD

PO BOX 96003 LAS VEGAS, NV 89193

Part IV Supplemental Information (continued)

EIN: 27-1373046 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT ANDREW TABAN FOR HART SCHOOL BOARD 2022

24355 CREEKSIDE ROAD #801852 SANTA CLARITA, CA 91380

EIN: 87-4703011 COL (D) AMOUNT: 300. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT CHRIS ENGLAND TO THE STATE HOUSE

1681 OZIER DRIVE TUSCALOOSA, AL 35405

EIN: 20-5496311 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT DALLAS HARRIS

8020 S RAINBOW BLVD SUITE 100, #271 LAS VEGAS, NV 89139

EIN: 83-2730935 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT DAVID WATTERS

19 MAPLE STREET DOVER, NH 03820

EIN: 26-2910228 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT DEBRA ALTSCHILLER

15 APPLE WAY STRATHAM, NH 03885

EIN: 88-0842289 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT DONOVAN FENTON

63 EMERALD STREET KEENE, NH 03431

EIN: 88-2786297 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT EDITH TUCKER

PO BOX 87 LANCASTER, NH 03584

Part IV Supplemental Information (continued)

EIN: 88-2722772 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT ELIZABETH BRICKFIELD

2040 MAY VALLEY WAY HENDERSON, NV 89052

EIN: 88-2755595 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT FABIAN DONATE

1724 BRACKEN AVENUE LAS VEGAS, NV 89104

EIN: 87-2026235 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT GARY CARTER JR

PO BOX 741471 NEW ORLEANS, LA 70174

EIN: 47-4430576 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT HOWARD WATTS

1701 S 14TH STREET LAS VEGAS, NV 89104

EIN: 82-4683201 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT JAVIER MARTINEZ

2955 MOYA ROAD NORTHWEST ALBUQUERQUE, NM 87104

EIN: 46-4936133 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT JOY GARRATT

10308 MARIN DRIVE NORTHWEST ALBUQUERQUE, NM 87114

EIN: 82-3061789 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT KATE CRAIG

410 LAMBETH DRIVE JOHNSON CITY, TN 37601

Part IV Supplemental Information (continued)

EIN: 88-1790883 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT LEIGH COULTER

3024 BEECH COURT INDIAN TRAIL, NC 28079

EIN: 88-1076018 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT LINDA CAVAZOS

2470 ST ROSE PARKWAY SUITE 106-B HENDERSON, NV 89074

EIN: 82-4707182 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT MADINAH WILSON ANTON

12 GUILFORD COURT NEWARK, DE 19702

EIN: 84-2791330 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT MALLORY HAGAN

165 JOHN THOMAS DRIVE SUITE 4306 MADISON, AL 35757

EIN: 87-4755000 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT MELANIE SCHEIBLE

PO BOX 30125 LAS VEGAS, NV 89173

EIN: 82-4667884 COL (D) AMOUNT: 1500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT OSIENSKI

183 SCOTTFIELD DRIVE NEWARK, DE 19715

EIN: 27-1719029 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT PARADEE

22 BELL MINER COURT DOVER, DE 19904

Part IV Supplemental Information (continued)

EIN: 82-3550413 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT PAUL BAUMBACH

313 DARWIN DRIVE NEWARK, DE 19711

EIN: 45-5522563 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT ROYCE DUPLESSIS

1527 SOUTH RAMPART STREET NEW ORLEANS, LA 70113

EIN: 82-3342202 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT SANDRA JAUREGUI

7582 LAS VEGAS BLVD SOUTH #118 LAS VEGAS, NV 89123

EIN: 47-5675506 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT STEVE SISOLAK

2685 S RAINBOW BLVD, SUITE 201 LAS VEGAS, NV 89146

EIN: 26-3267406 COL (D) AMOUNT: 8000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT STEVEN YEAGER

10120 W FLAMINGO RD STE 4162 LAS VEGAS, NV 89147

EIN: 46-4680743 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT VANESSA ATTERBEARY

P.O. BOX 728 FULTON, MD 20759

EIN: 46-5032154 COL (D) AMOUNT: 250. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT VENICIA CONSIDINE

5029 LANCASTER DRIVE LAS VEGAS, NV 89120

Part IV Supplemental Information (continued)

EIN: 84-3643290 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT YEENA YOO

386 E HARRISON COURT ELMHURST, IL 60126

EIN: 87-4207247 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMUNITIES UNITED FOR BASS FOR LA MAYOR 2022

530 8TH STREET SE WASHINGTON, DC 20003

EIN: 88-0730996 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

CONOR CASEY FOR HOUSE

2 MECHANIC STREET UNIT 3 MONTPELIER, VT 05602

EIN: 88-2285591 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

DACIA FOR OREGON

PO BOX 42307 PORTLAND, OR 97242

EIN: 84-4270914 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

DAGA PEOPLES LAWYER PROJECT

1350 I STREET NORTHWEST SUITE 300 WASHINGTON, DC 20005

EIN: 83-1281397 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

DEBBIE SARINANA FOR HD21

11728 MARQUETTE AVENUE NORTHEAST ALBUQUERQUE, NM 87123

EIN: 47-5007430 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

DELAWARE SENATE MAJORITY CAUCUS CAMPAIGN COMMITTEE

56 RIVER WOODS DRIVE WILMINGTON, DE 19809

Part IV Supplemental Information (continued)

EIN: 87-0936911 COL (D) AMOUNT: 22000. COL (E) AMOUNT: 0.

DEMOCRATIC ATTORNEYS GENERAL ASSOCIATION INC.

1350 I STREET NW #300 WASHINGTON, DC 20005

EIN: 13-4220019 COL (D) AMOUNT: 150000. COL (E) AMOUNT: 0.

DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE

1225 I STREET NW SUITE 1250 WASHINGTON, DC 20005

EIN: 52-1870839 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0.

DEMOCRATIC PARTY OF WISCONSIN

15 N PINCKNEY STREET SUITE 200 MADISON, WI 53703

EIN: 39-0793066 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

DEMOCRATIC STATE CENTRAL COMMITTEE OF LA

PO BOX 4385 BATON ROUGE, LA 70821

EIN: 72-0748953 COL (D) AMOUNT: 7500. COL (E) AMOUNT: 0.

DEMOCRATIC STATE COMMITTEE (DELAWARE)

PO BOX 2065 WILMINGTON, DE 19899

EIN: 51-0119764 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

DEMOCRATS 2022

PO BOX 9520 WILMINGTON, DE 19809

EIN: 02-0745085 COL (D) AMOUNT: 125. COL (E) AMOUNT: 0.

DENISE HORLAND CAMPAIGN, CITY OF PLANTATION SEAT 2

1581 NORTHWEST 101ST WAY PLANTATION, FL 33322

Part IV Supplemental Information (continued)

EIN: 99-9999999 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

DESHANNA NEAL FOR DISTRICT 13

1536 CLAYTON ROAD WILMINGTON, DE 19805

EIN: 87-4387382 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

DORSEY WALKER FOR DELAWARE

108 NORTH CLAYTON STREET WILMINGTON, DE 19805

EIN: 47-5271102 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

DR SHIRLEY P AUGUSTE FOR CHESAPEAKE PUBLIC SCHOOL BOARD

522 TROLLEY CROSSING CHESAPEAKE, VA 23320

EIN: 84-4665334 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

DR TOM SHERMAN FOR GOVERNOR

296 HARBOR ROAD RYE, NH 03870

EIN: 88-0923071 COL (D) AMOUNT: 4000. COL (E) AMOUNT: 0.

ED PRICE CAMPAIGN FUND

2034 SOUTH ROBERT AVENUE GONZALES, LA 70737

EIN: 99-9999999 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

EFO LOUIS D. GREENWALD FOR ASSEMBLY

2240-15 RT. 70 CHERRY HILL, NJ 08002

EIN: 22-3565484 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

ELECT FRANK BURNS CHANGE FOR THE 21ST

1 OAK AVENUE NEWARK, DE 19711

Part IV Supplemental Information (continued)

EIN: 88-3158673 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

EMERGE AMERICA

351 CALIFORNIA STREET SUITE 930 SAN FRANCISCO, CA 94104

EIN: 90-0787684 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

EMILY RANDALL FOR STATE SENATE

PO BOX 1883 PORT ORCHARD, WA 98366

EIN: 82-3809530 COL (D) AMOUNT: 250. COL (E) AMOUNT: 0.

EMMA FOR VERMONT HOUSE

79 FRONT STREET BURLINGTON, VT 05401

EIN: 85-1089560 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

ERIN BRADY FOR WILLISTON

48 BROOKSIDE DRIVE WILLISTON, VT 05495

EIN: 92-0307672 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

EVERYTOWN FOR GUN SAFETY VICTORY FUND

PO BOX 4184 NEW YORK, NY 10163

EIN: 81-3928802 COL (D) AMOUNT: 6500000. COL (E) AMOUNT: 0.

FEATHERSTON FOR KANSAS

11007 WEST 100TH STREET OVERLAND PARK, KS 66214

EIN: 84-3238850 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FLORIDA DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE

2618 CENTENNIAL PLACE TALLAHASSEE, FL 32308

Part IV Supplemental Information (continued)

EIN: 81-5009959 COL (D) AMOUNT: 18000. COL (E) AMOUNT: 0.

FORWARD NEW MEXICO

508 MORNINGSIDE DRIVE SE ALBUQUERQUE, NM 87106

EIN: 45-5012276 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS & FAMILY OF NABEELA SYED

2061 WOOD STREET INVERNESS, IL 60067

EIN: 87-1219707 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS FOR ADAM MORFELD

1240 N. 33RD STREET LINCOLN, NE 68503

EIN: 46-1584407 COL (D) AMOUNT: 1500. COL (E) AMOUNT: 0.

FRIENDS FOR CAMERON CH MILLER

1881 W ALEXANDER ROAD UNIT 2053 NORTH LAS VEGAS, NV 89032

EIN: 84-3630572 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS FOR DEBRA HEFFERNAN

18 GRISTMILL COURT WILMINGTON, DE 19803

EIN: 27-2120159 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

FRIENDS FOR KATHY HOCHUL

PO BOX 1463 NEW YORK, NY 10021

EIN: 47-1320341 COL (D) AMOUNT: 1200. COL (E) AMOUNT: 0.

FRIENDS FOR RUSS HUXTABLE

17345 GRACELAND DRIVE LEWES, DE 19958

Part IV Supplemental Information (continued)

EIN: 87-3452873 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

FRIENDS OF AISLINN MCEWEN CAMPAIGN

3188 WISHING STAR COVE BARTLETT, TN 38134

EIN: 88-4052777 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF AMY PAULIN

700 WHITE PLAINS ROAD SUITE 234 SCARSDALE, NY 10583

EIN: 13-4130364 COL (D) AMOUNT: 200. COL (E) AMOUNT: 0.

FRIENDS OF ANDY BILLIG

PO BOX 145 SPOKANE, WA 99210

EIN: 27-1127517 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF ANTHONY BROWN

12138 CENTRAL AVENUE #671 BOWIE, MD 20721

EIN: 52-2264069 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF ASSEMBLYMAN JEFFREY DINOWTIZ

640 WEST 231ST STREET APT 4B NEW YORK, NY 10463

EIN: 13-4107094 COL (D) AMOUNT: 200. COL (E) AMOUNT: 0.

FRIENDS OF BEACH PACE

985 NORTHEAST CREEKSEDGE DRIVE HILLSBORO, OR 97124

EIN: 88-0600685 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF BECKY WHITLEY

PO BOX 405 CONTOOCOOK, NH 03229

Part IV Supplemental Information (continued)

EIN: 84-3537325 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

FRIENDS OF BLAIZEN BUCKSHOT BLOOM

308 ALBERT AVENUE CHESAPEAKE, VA 23323

EIN: 87-1512571 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF BOB MORGAN

PO BOX 1074 DEERFIELD, IL 60015

EIN: 82-1327026 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF BRANDY DONAGHY

PO BOX 12572 MILL CREEK, WA 98082

EIN: 83-4511285 COL (D) AMOUNT: 250. COL (E) AMOUNT: 0.

FRIENDS OF BRENDA CHURCHILL

3919 E BAKERSFIELD ROAD ENOSBURG FALLS, VT 05450

EIN: 99-9999999 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF BRIDGET BROOKS

20911 SW 103RD DRIVE TUALATIN, OR 97062

EIN: 86-2893103 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF CHARLIE CRIST INC

3491 GANDY BLVD SUITE 200 PINELLAS PARK, FL 33781

EIN: 86-3488150 COL (D) AMOUNT: 3000. COL (E) AMOUNT: 0.

FRIENDS OF CINDY ROSENWALD

101 WELLINGTON STREET NASHUA, NH 03064

Part IV Supplemental Information (continued)

EIN: 83-0627490 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

FRIENDS OF COURTNEY NERON

PO BOX 42307 PORTLAND, OR 97242

EIN: 83-2042057 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF CYNDIE ROMER

105 ENTRE LANE NEWARK, DE 19702

EIN: 88-1210757 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

FRIENDS OF DAVE PAUL

401 2ND AVENUE SOUTH SUITE 303 SEATTLE, WA 98104

EIN: 82-4743363 COL (D) AMOUNT: 250. COL (E) AMOUNT: 0.

FRIENDS OF DEB PATTERSON

PO BOX 42307 PORTLAND, OR 97242

EIN: 84-4040175 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF ELIZABETH LOCKMAN

1901 MAPLE STREET WILMINGTON, DE 19805

EIN: 82-3020704 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

FRIENDS OF ELLY HANAUER FRIEDMAN

PO BOX 333 SAVOY, IL 61874

EIN: 88-4010978 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF ERIC MORRISON

223 WEST GENERAL GREY COURT NEWARK, DE 19702

Part IV Supplemental Information (continued)

EIN: 83-3855776 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

FRIENDS OF JANEEN SOLLMAN

306 NE 64TH COURT HILLSBORO, OR 97124

EIN: 26-4220322 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF JEFF WALDSTREICHER

1215 EAST FORT AVENUE BALTIMORE, MD 21230

EIN: 81-4561150 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF JENNY LOKSHIN

1105 S WESTLAWN AVENUE CHAMPAIGN, IL 61821

EIN: 87-4555700 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF JOE FITZGIBBON

P.O. BOX 66235 BURIEN, WA 98166

EIN: 27-2265718 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF JOYCE MASON

6615 GRAND AVENUE SUITE 215 GURNEE, IL 60031

EIN: 82-2188752 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF JUNE

129 MAGNOLIA ROAD MANCHESTER, NH 03104

EIN: 27-0270054 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF KATHY JENNINGS

103 WALNUT RIDGE ROAD WILMINGTON, DE 19807

Part IV Supplemental Information (continued)

EIN: 82-3936355 COL (D) AMOUNT: 1200. COL (E) AMOUNT: 0.

FRIENDS OF KENDRA JOHNSON

23 HILLARY COURT NEW CASTLE, DE 19720

EIN: 82-4273138 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

FRIENDS OF KERRI EVELYN HARRIS

PO BOX 1000 DOVER, DE 19901

EIN: 87-4323294 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

FRIENDS OF KEVIN THOMAS FOR SENATE

410 JERICHO TURNPIKE SUITE 200 JERICHO, NY 11753

EIN: 82-4927326 COL (D) AMOUNT: 200. COL (E) AMOUNT: 0.

FRIENDS OF KRIS FAIR

306 WEST COLLEGE TERRACE FREDERICK, MD 21701

EIN: 81-1505297 COL (D) AMOUNT: 400. COL (E) AMOUNT: 0.

FRIENDS OF KYLE EVANS GAY

2400 HEATHER ROAD WEST WILMINGTON, DE 19803

EIN: 84-2602212 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

FRIENDS OF LAURIE JINKINS

P.O. BOX 2032 TACOMA, WA 98401

EIN: 27-2214467 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF LISA ANNE STEVENS

9340 INKBERRY COURT MANASSAS, VA 20110

Part IV Supplemental Information (continued)

EIN: 83-4084122 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF LISA CALLAN

PO BOX 2095 ISSAQUAH, WA 98027

EIN: 82-4666035 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF LISA REYNOLDS

PO BOX 42307 PORTLAND, OR 97242-0307

EIN: 84-3261627 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF LYNN EDMONDS

5700 BASHFORD CREST LANE RALEIGH, NC 27606

EIN: 88-1169644 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF MANKA

PO BOX 2467 REDMOND, WA 98073

EIN: 81-5223744 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF MARIA PETERSON

125 CARRIAGE ROAD NORTH BARRINGTON, IL 60010

EIN: 36-4877606 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF MAURA HIRSCHAUER

551 VIKING DRIVE BATAVIA, IL 60510

EIN: 84-3061452 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF NATASHA MARCUS

301 HILLSBOROUGH STREET SUITE 950 RALEIGH, NC 27603

Part IV Supplemental Information (continued)

EIN: 82-4221064 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF NNAMDI CHUKWUOCHA

PO BOX 9350 WILMINGTON, DE 19809

EIN: 26-2519837 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

FRIENDS OF PATRICIA FAHY

PO BOX 8282 ALBANY, NY 12208

EIN: 45-5050764 COL (D) AMOUNT: 200. COL (E) AMOUNT: 0.

FRIENDS OF PATTY KUDERER

PO BOX 1545 BELLEVUE, WA 98009

EIN: 47-5315866 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF SARA KNIZHNIK

PO BOX 5067 VERNON HILLS, LA 60061

EIN: 87-4123729 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF SARAH MCBRIDE

2316 WEST 17TH STREET WILMINGTON, DE 19806

EIN: 84-2270392 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

FRIENDS OF SHANNON CHANDLEY

3 HIGH MEADOW LANE AMHERST, NH 03031

EIN: 82-4779456 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

FRIENDS OF SOPHIE PHILLIPS

723 BRANDYWINE DRIVE BEAR, DE 19701

Part IV Supplemental Information (continued)

EIN: 88-1894065 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

FRIENDS OF SUE PRENTISS FOR NH SENATE

6 BATCHELDER AVENUE WEST LEBANON, NH 03784

EIN: 85-1225334 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

FRIENDS OF SUZY GLOWIAK

PO BOX 3454 OAK BROOK, IL 60522

EIN: 46-3931666 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF TANA SENN

PO BOX 771 MERCER ISLAND, WA 98040

EIN: 46-3757260 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF TINA KOTEK

7930 N. WABASH AVENUE PORTLAND, OR 97217

EIN: 20-4689019 COL (D) AMOUNT: 100000. COL (E) AMOUNT: 0.

FRIENDS OF WAYNE HAUBNER

1 MCKINSTRY CIRCLE SALEM, NH 03079

EIN: 88-2548929 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS TO ELECT KYRA HOFFNER

3024 FAST LANDING RD DOVER, DE 19901

EIN: 84-3511865 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

FRISBY FOR COUNCIL

10 BELMONT CIRCLE TRENTON, NJ 08618

Part IV Supplemental Information (continued)

EIN: 87-4152028 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FUTURE PAC HOUSE BUILDERS

PO BOX 42307 PORTLAND, OR 97242

EIN: 93-1123855 COL (D) AMOUNT: 30000. COL (E) AMOUNT: 0.

GERALD BOUDREAUX CAMPAIGN FUND

PO BOX 91245 LAFAYETTE, LA 70509

EIN: 99-9999999 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

GIPSON FOR ASSEMBLY 2022

12501 IMPERIAL HIGHWAY NORWALK, CA 90650

EIN: 85-3856245 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

HERNDON FOR NEW MEXICO

1229 SANDLER DRIVE NORTHEAST ALBUQUERQUE, NM 87112

EIN: 87-1453699 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

HOUSE DEMOCRATIC CAMPAIGN COMMITTEE

4130 1ST AVENUE SOUTH STE D SEATTLE, WA 98134

EIN: 91-6178946 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

HOUSE DEMOCRATIC CAMPAIGN COMMITTEE - MO

3452 CRITTENDEN STREET ST LOUIS, MO 63110

EIN: 81-4882899 COL (D) AMOUNT: 15000. COL (E) AMOUNT: 0.

HOUSE DEMOCRATS

PO BOX 9520 WILMINGTON, DE 19809

Part IV Supplemental Information (continued)

EIN: 01-0564528 COL (D) AMOUNT: 7000. COL (E) AMOUNT: 0.

HOW WE ALL WIN POLITICAL COMMITTEE

701 SOUTH HOWARD AVENUE 106-813 TAMPA, FL 33606

EIN: 87-2406559 COL (D) AMOUNT: 20000. COL (E) AMOUNT: 0.

HOYLMAN FOR SENATE

80 8TH AVENUE SUITE 1802 NEW YORK, NY 10011

EIN: 45-5433601 COL (D) AMOUNT: 300. COL (E) AMOUNT: 0.

JAMES KYRIACO FOR GOLETA CITY COUNCIL 2022

226 EAST CANON PERDIDO STREET SUITE D SANTA BARBARA, CA 93101

EIN: 82-3545437 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

JASON HUGHES CAMPAIGN FUND

PO BOX 872461 NEW ORLEANS, LA 70187

EIN: 30-0868094 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

JESSE GABRIEL FOR ASSEMBLY 2022

777 SOUTH FIGUEROA STREET LOS ANGELES, CA 90017

EIN: 85-4148053 COL (D) AMOUNT: 1500. COL (E) AMOUNT: 0.

JESSICA FOR LAKE COUNTY BOARD

PO BOX 256 WAUCONDA, IL 60084

EIN: 82-3030598 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

JILL KROWINSKI, D/B/A OUR FUTURE PAC

27 SPRING STREET BURLINGTON, VT 05401

Part IV Supplemental Information (continued)

EIN: 99-9999999 COL (D) AMOUNT: 4000. COL (E) AMOUNT: 0.

JO ELLA FOR KANSAS

P.O. BOX 14534 LENEXA, KS 66285

EIN: 83-4595437 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

JOHN ROBINSON FOR NH SENATE

13 ELWOOD ROAD LONDONDERRY, NH 03053

EIN: 88-2827295 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

KANSANS FOR A DEMOCRATIC SENATE

11262 S RENE ST APT 2802 OLATHE, KS 66215

EIN: 86-3341639 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

KANSAS FOR A DEMOCRATIC HOUSE

PO BOX 2083 TOPEKA, KS 66601

EIN: 48-1078411 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

KATHERINE MCCANN

82 TRILLIUM HILL MONTPELIER, VT 05602

EIN: 88-2331426 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

KATRINA FOLEY FOR SUPERVISOR 2022

249 E OCEAN BLVD #670 LONG BEACH, CA 90802

EIN: 85-4093794 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

KRISTA GRIFFITH FOR DELAWARE

2207 CONCORD PIKE #119 WILMINGTON, DE 19803

Part IV Supplemental Information (continued)

EIN: 82-3133029 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

LA LEGISLATIVE BLACK CAUCUS PAC

P.O. BOX 44003 BATON ROUGE, LA 70804

EIN: 68-0674388 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

LAVINE FOR GOOD GOVERNMENT

6 POPPY LANE GLEN COVE, NY 11542

EIN: 47-1716831 COL (D) AMOUNT: 200. COL (E) AMOUNT: 0.

LESLEY LOPEZ, D/B/A MARYLAND FOR LOPEZ

PO BOX 86931 MONTGOMERY VILLAGE, MD 20886

EIN: 81-5210229 COL (D) AMOUNT: 250. COL (E) AMOUNT: 0.

LGBTQ VICTORY FUND

1225 I STREET NW SUITE 525 WASHINGTON, DC 20005

EIN: 52-1729701 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

LINDA THOMPSON GONZALEZ FOR HD100

5100 N OCEAN BLVD #607 LAUDERDALE BY THE SEA, FL 33308

EIN: 88-1514625 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

LONDON LAMAR FOR STATE SENATE

2461 KIMBALL AVENUE MEMPHIS, TN 38114

EIN: 88-2491462 COL (D) AMOUNT: 1500. COL (E) AMOUNT: 0.

LOOKING FORWARD NUTLEY

283 CHESTNUT STREET E1 NUTLEY, NJ 07110

Part IV Supplemental Information (continued)

EIN: 88-3708944 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

LUZ REYES-MARTIN FOR GOLETA CITY COUNCIL 2022

226 E CANON PERDIDO SUITE D SANTA BARBARA, CA 93101

EIN: 88-1253913 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

MACHAELA CAVANAUGH FOR LEGISLATURE

824 N 74TH AVENUE OMAHA, NE 68114

EIN: 81-1815663 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

MADAME PRESIDENT PAC

91 ALEXANDER DRIVE MANCHESTER, NH 03109

EIN: 84-1950689 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

MAINE HOUSE DEMOCRATIC CAMPAIGN COMMITTEE

P.O. BOX 2021 AUGUSTA, ME 04338

EIN: 22-2695883 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

MALKANI FOR ORINDA CITY COUNCIL 2022

39 DONALD DRIVE ORINDA, CA 94563

EIN: 92-0476947 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

MANDIE LANDRY CAMPAIGN COMMITTEE

2633 PENISTON STREET NEW ORLEANS, LA 70115

EIN: 83-3455451 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

MARIAN MATTHEWS FOR HD27

6504 ANTARES ROAD NORTHEAST ALBUQUERQUE, NM 87111

Part IV Supplemental Information (continued)

EIN: 84-3178321 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

MARKO LIIAS FOR SENATE

119 1ST AVENUE SOUTH STE 320 SEATTLE, WA 98104

EIN: 26-0696977 COL (D) AMOUNT: 250. COL (E) AMOUNT: 0.

MARY BETH CANTY FOR ILLINOIS

612 EUCLID AVENUE ARLINGTON HEIGHTS, IL 60004

EIN: 87-0945495 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

MAXINE FOR OREGON

PO BOX 6536 PORTLAND, OR 97227

EIN: 83-4049728 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

MELANIE FOR BEND

PO BOX 429 BEND, OR 97709

EIN: 85-2410602 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

MEREDITH FOR NEW MEXICO

1412 STAGECOACH LANE SOUTHEAST ALBUQUERQUE, NM 87123

EIN: 84-4896500 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

MIA BONTA FOR ASSEMBLY 2022

1787 TRIBUTE ROAD SACRAMENTO, CA 95815

EIN: 86-3004044 COL (D) AMOUNT: 1500. COL (E) AMOUNT: 0.

MIA LIVAS PORTER FOR ASSEMBLY 2022

16633 VENTURA BLVD #1008 ENCINO, CA 91436

Part IV Supplemental Information (continued)

EIN: 86-2194039 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

MICHELE RAYNER FOR STATE HOUSE DISTRICT 62

3934 BURLINGTON AVENUE NORTH ST. PETERSBURG, FL 33713

EIN: 84-4981562 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

MICHIGAN DEMOCRATIC STATE CENTRAL COMMITTEE - 21ST CENTURY FUND

606 TOWNSEND STREET LANSING, MI 48933

EIN: 38-1323848 COL (D) AMOUNT: 52000. COL (E) AMOUNT: 0.

MIGUELAILLE PIERRE CAMPAIGN

4164 INVERRARY DRIVE 501 LAUDERHILL, FL 33319

EIN: 99-9999999 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

MINOR BROWN FOR 17TH DISTRICT

18 GEORGE READ RD NEW CASTLE, DE 19720

EIN: 82-4935838 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

NEIGHBORS FOR MEGAN HUNT

6012 CHARLES STREET OMAHA, NE 68132

EIN: 99-9999999 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

NEIGHBORS FOR MOORE

PO BOX 742 MIDDLETOWN, DE 19709

EIN: 85-1748354 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

NEW HAMPSHIRE SENATE DEMOCRATIC CAUCUS

105 NORTH STATE STREET CONCORD, NH 03301

Part IV Supplemental Information (continued)

EIN: 02-0473096 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

NEW MEXICANS FOR MICHELLE INC

2015 DIETZ PL NW ALBUQUERQUE, NM 87107

EIN: 81-4620747 COL (D) AMOUNT: 10400. COL (E) AMOUNT: 0.

NEWSOM FOR CALIFORNIA GOVERNOR 2022

1787 TRIBUTE ROAD, SUITE K SACRAMENTO, CA 95815

EIN: 83-2476129 COL (D) AMOUNT: 3000. COL (E) AMOUNT: 0.

NH HOUSE DEMOCRATIC VICTORY CAMPAIGN COMMITTEE

105 N STATE STREET CONCORD, NH 03301

EIN: 14-1906794 COL (D) AMOUNT: 15000. COL (E) AMOUNT: 0.

NICOLE GARDNER

565 SUNSET PARKWAY NOVATO, CA 94947

EIN: 99-9999999 COL (D) AMOUNT: 750. COL (E) AMOUNT: 0.

NINA FOR KANSAS

21650 PFLUMM ROAD BUCYRUS, KS 66013

EIN: 88-2273328 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

NYS DEMOCRATIC ASSEMBLY CAMPAIGN COMMITTEE

107 WASHINGTON AVENUE, SUITE 1 LL ALBANY, NY 12210

EIN: 13-3041656 COL (D) AMOUNT: 1500. COL (E) AMOUNT: 0.

NYS DEMOCRATIC SENATE CAMPAIGN COMMITTEE HOUSEKEEPING

111 WASHINGTON AVE SUITE 409 ALBANY, NY 12210

Part IV Supplemental Information (continued)

EIN: 11-2924245 COL (D) AMOUNT: 1840. COL (E) AMOUNT: 0.

PEOPLE FOR LAURA FAVER DIAS

781 WEST TRAIL N GRAYSLAKE, IL 60030

EIN: 87-4505256 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

PEOPLE FOR PEDERSEN

815 1ST AVENUE #111 SEATTLE, WA 98104

EIN: 20-3979617 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

PEOPLE FOR YASMIN

2522 NORTH PROCTOR STREET SUITE 520 TACOMA, WA 98406

EIN: 87-3173541 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

PEOPLE TO ELECT DREW HANSEN

PO BOX 9100 SEATTLE, WA 98109

EIN: 45-3489418 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

PETERS-MANNING AND CHAIT FOR HOPEWELL TOWNSHIP

PO BOX 863 PENNINGTON, NJ 08534

EIN: 88-0891064 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

PHIL TING FOR ASSEMBLY 2022

5445 MADISON AVENUE SACRAMENTO, CA 95841

EIN: 86-3158175 COL (D) AMOUNT: 1500. COL (E) AMOUNT: 0.

PILAR SCHIAVO FOR ASSEMBLY 2022

1787 TRIBUTE ROAD SUITE K SACRAMENTO, CA 95815

Part IV Supplemental Information (continued)

EIN: 86-3897914 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

PRIYA BHAT PATEL FOR CITY COUNCIL 2022

3295 MEADE AVENUE SUITE 212 SAN DIEGO, CA 92116

EIN: 87-2213427 COL (D) AMOUNT: 900. COL (E) AMOUNT: 0.

RAYMOND E NEWMAN

25 CHARLOTTE AVENUE NASHUA, NH 03064

EIN: 99-9999999 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

REBECCA BAUER-KAHAN FOR ASSEMBLY 2022

PO BOX 335 ORINDA, CA 94563

EIN: 85-3795435 COL (D) AMOUNT: 1500. COL (E) AMOUNT: 0.

REBECCA HINDMAN FOR HART SCHOOL BOARD 2022

27504 NATALIE WAY SANTA CLARITA, CA 91350

EIN: 88-2857174 COL (D) AMOUNT: 300. COL (E) AMOUNT: 0.

RENDON FOR ASSEMBLY 2022

1787 TRIBUTE ROAD SUITE K SACRAMENTO, CA 95815

EIN: 86-1291833 COL (D) AMOUNT: 1500. COL (E) AMOUNT: 0.

ROB BONTA FOR CA ATTORNEY GENERAL 2022

1787 TRIBUTE ROAD SUITE K SACRAMENTO, CA 95815

EIN: 86-2809026 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

RUTH LARSON FOR NH SENATE

PO BOX 91 ALTON, NH 03809

Part IV Supplemental Information (continued)

EIN: 83-1002422 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

SARTORIS FOR DISTRICT ATTORNEY

14 BOWDOIN STREET BRUNSWICK, ME 04011

EIN: 88-4041360 COL (D) AMOUNT: 850. COL (E) AMOUNT: 0.

SENATE DEMOCRATIC CAUCUS

PO BOX 198822 NASHVILLE, TN 37219

EIN: 62-1395070 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

SENATE DEMOCRATIC LEADERSHIP FUND

3321 SE 20TH AVENUE PORTLAND, OR 97202

EIN: 20-4673386 COL (D) AMOUNT: 30000. COL (E) AMOUNT: 0.

SERVE MISSOURI PAC

PO BOX 28274 OLIVETTE, MO 63132

EIN: 85-2460173 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

SHERYL FOR SOUTH DAKOTA

PO BOX 91215 SIOUX FALLS, SD 57109

EIN: 84-4733929 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

SOKOLA FOR SENATE

24 BEECH HILL DRIVE NEWARK, DE 19711

EIN: 51-0342093 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

SOUTH CAROLINA HOUSE DEMOCRATIC CAUCUS

PO BOX 12049 COLUMBIA, SC 29211

Part IV Supplemental Information (continued)

EIN: 57-0969662 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

SUE A NEWMAN

25 CHARLOTTE AVENUE NASHUA, NH 03064

EIN: 99-9999999 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

SYKES FOR SENATE

10227 THEDEN CIRCLE LENEXA, KS 66220

EIN: 81-3628870 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

TAIWANDA TERRY WILSON FOR COUNCIL

817 REVERE AVENUE TRENTON, NJ 08629

EIN: 82-4369022 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

TEAM STAVA MURRAY

2136 PRIMROSE LANE NAPERVILLE, IL 60565

EIN: 82-3081534 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

TERRELL A. WILLIAMS, D/B/A MOVE DELAWARE FORWARD

812 GUTHRIE CIRCLE MIDDLETOWN, DE 19709

EIN: 85-1961618 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

THE COMMITTEE TO ELECT CHRISTY CLARK

PO BOX 3323 HUNTERSVILLE, NC 28070

EIN: 82-3957055 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

THOMAS CHITTENDEN FOR STATE SENATE

1600 DORSET STREET SOUTH BURLINGTON, VT 05403

Part IV Supplemental Information (continued)

EIN: 85-0527783 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

TIMOTHY HORRIGAN CAMPAIGN COMMITTEE

7A FACULTY ROAD DURHAM, NH 03824

EIN: 26-2841700 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

TORREZ FOR NEW MEXICO

PO BOX 4689 ALBUQUERQUE, NM 87196

EIN: 85-3641665 COL (D) AMOUNT: 5200. COL (E) AMOUNT: 0.

TOWNSEND FOR DELAWARE SENATE

PO BOX 7835 NEWARK, DE 19714

EIN: 45-4193784 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

VERMONT DEMOCRATIC PARTY

73 MAIN STREET, SUITE 400 MONTPELIER, VT 05601

EIN: 03-0199446 COL (D) AMOUNT: 6760. COL (E) AMOUNT: 0.

VINCENT PIERRE CAMPAIGN ACCOUNT

PO BOX 93022 LAFAYETTE, LA 70509

EIN: 45-2471914 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

VOTE LIZ BERRY

PO BOX 9100 SEATTLE, WA 98109

EIN: 84-4023836 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

WASHINGTON SENATE DEMOCRATIC CAMPAIGN

4130 1ST AVENUE SOUTH STE D SEATTLE, WA 98134

Part IV Supplemental Information (continued)

EIN: 46-2614068 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

WENDY DEBOER FOR LEGISLATURE

14510 READ STREET BENNINGTON, NE 68007

EIN: 82-1938328 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

WES MOORE FOR MARYLAND

PO BOX 50123 BALTIMORE, MD 21211

EIN: 86-3543300 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

WILL SMITH FOR MARYLAND

P.O. BOX 8801 SILVER SPRING, MD 20907

EIN: 46-2577519 COL (D) AMOUNT: 350. COL (E) AMOUNT: 0.

WILLIAM M MARSH POLITICAL COMMITTEE

742 PLEASANT VALLEY ROAD WOLFEBORO, NH 03894

EIN: 81-3865303 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

ZELNOR FOR NEW YORK

10 MAPLE STREET NEW YORK, NY 11225

EIN: 82-2893592 COL (D) AMOUNT: 300. COL (E) AMOUNT: 0.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022Open to Public
InspectionName of the organization **EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**Employer identification number
20-8802884**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last
day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax
year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
.....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
.....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,
provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	793,547.		454,943.	338,604.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				338,604.

Schedule D (Form 990) 2022

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Schedule D (Form 990) 2022

20-8802884 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT OF USE ASSETS	1,713,539.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,713,539.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITIES	1,923,196.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,923,196.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2022

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	67,025,031.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	5.
b	Donated services and use of facilities	2b	1,334,034.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,334,039.
3	Subtract line 2e from line 1	3	65,690,992.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	65,690,992.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	61,326,237.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,334,034.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,334,034.
3	Subtract line 2e from line 1	3	59,992,203.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	59,992,203.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FUND RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE TAX POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.** Employer identification number **20-8802884**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations e ☐ Solicitation of non-government grants
b ☒ Internet and email solicitations f ☐ Solicitation of government grants
c ☒ Phone solicitations g ☐ Special fundraising events
d ☒ In-person solicitations

- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CAPITAL STRATEGIES - 4712 ADMIRALTY WAY #670, MARINA LISA PRESTA - 163 FOREST SIDE AVENUE, SAN FRANCISCO, CA	IN-PERSON SOLICITATION		X	3,666,500.	105,553.	3,560,947.
O'BRIEN GARRETT - 1200 G STREET NW, SUITE 700, ANNE LEWIS STRATEGIES LLC - 650 MASSACHUSETTS AVENUE NW	IN-PERSON SOLICITATION		X	1,451,500.	18,775.	1,432,725.
JACKIE BROT-WEINBERG - 601 EAST 20TH STREET, 10F, NEW SEA CHANGE STRATEGIES LLC - 7409 BIRCH AVENUE, TAKOMA	FUNDRAISING STRATEGIC CONSULTING		X	1,369,087.	733,877.	635,210.
	FUNDRAISING STRATEGIC CONSULTING		X	628,777.	177,141.	451,636.
	IN-PERSON SOLICITATION		X	454,942.	6,336.	448,606.
	FUNDRAISING STRATEGIC CONSULTING		X	0.	100,800.	-100,800.
Total				7,570,806.	1,142,482.	6,428,324.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AR, CA, CO, FL, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI, AK, DC, CT, GA, WA

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Schedule G (Form 990) 2022

20-8802884 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.

Schedule G (Form 990) 2022

20-8802884 Page 3

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CAPITAL STRATEGIES

(I) ADDRESS OF FUNDRAISER:

4712 ADMIRALTY WAY #670, MARINA DEL REY, CA 90292

(I) NAME OF FUNDRAISER: LISA PRESTA

(I) ADDRESS OF FUNDRAISER: 163 FOREST SIDE AVENUE, SAN FRANCISCO, CA 94127

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: O'BRIEN GARRETT

(I) ADDRESS OF FUNDRAISER:

1200 G STREET NW, SUITE 700, WASHINGTON, DC 20005

(I) NAME OF FUNDRAISER: ANNE LEWIS STRATEGIES LLC

(I) ADDRESS OF FUNDRAISER:

650 MASSACHUSETTS AVENUE NW SUITE 505, WASHINGTON, DC 20001

(I) NAME OF FUNDRAISER: JACKIE BROT-WEINBERG

(I) ADDRESS OF FUNDRAISER: 601 EAST 20TH STREET, 10F, NEW YORK, NY 10010

(I) NAME OF FUNDRAISER: SEA CHANGE STRATEGIES LLC

(I) ADDRESS OF FUNDRAISER: 7409 BIRCH AVENUE, TAKOMA PARK, MD 20912

PART I, LINE 2B, COLUMN (V):

THE AGREEMENT WITH ANNE LEWIS STRATEGIES LLC INCLUDED SERVICES TO PLACE
AND MANAGE DIGITAL ADVERTISING. THIS AGREEMENT INCLUDED SEPARATE
PROVISIONS FOR AD BUY EXPENSES TO BE PAID TO DIGITAL ADVERTISING
PLATFORMS AND THE VENDOR'S PROFESSIONAL FUNDRAISING FEES RELATED TO THE
PLANNING AND PLACEMENT OF THE ADS. EVERYTOWN PAID A MEDIA ADVERTISING FEE
OF \$108,141. EVERYTOWN ALSO HAD A SEPARATE AGREEMENT WITH MISSIONWIRED
FOR DATA ACQUISITION.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number
20-8802884

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AFRICAN AMERICAN MAYORS ASSOCIATION - 80 M STREET SE, SUITE 1 - WASHINGTON, DC 20003	46-5593933	501C3	15,000.	0.			GENERAL OPERATING SUPPORT
THE UNITED STATES CONFERENCE OF MAYORS - 1620 EYE STREET, NW - WASHINGTON, DC 20006	53-0196642	501C3	25,000.	0.			GENERAL OPERATING SUPPORT
THE COUNCIL OF STATE GOVERNMENTS LTD. - 701 EAST 22ND STREET SUITE 110 - LOMBARD, IL 60148	36-6000818	501C3	50,000.	0.			GENERAL OPERATING SUPPORT & 2022 CSG NATIONAL CONFERENCE SPONSORSHIP
NCSL FOUNDATION FOR STATE LEGISLATURES - 7700 EAST FIRST PLACE - DENVER, CO 80230	74-2232576	501C3	10,000.	0.			NATIONAL CAUCUS OF NATIVE AMERICAN LEGISLATORS SPONSORSHIP
NATIONAL HISPANIC CAUCUS OF STATE LEGISLATORS - 1444 I STREET NORTHWEST SUITE 900 - WASHINGTON, DC 20005	84-1168319	501C3	60,000.	0.			GENERAL OPERATING SUPPORT & NHCSL ANNUAL MEETING SPONSORSHIP
NATIONAL BLACK CAUCUS OF STATE LEGISLATORS - 444 N. CAPITOL STREET NW, SUITE 622 - WASHINGTON, DC 20001	52-1218832	501C3	55,000.	0.			NBCSL ANNUAL CONFERENCE SPONSORSHIP & GENERAL OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **9.**

3 Enter total number of other organizations listed in the line 1 table **14.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Schedule I (Form 990)

20-8802884

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL GOVERNORS ASSOCIATION CENTER FOR BEST PRACTICES - 444 NORTH CAPITOL STREET NORTHWEST SUITE 267 - WASHINGTON, DC 20001	23-7391796	501C3	30,000.	0.			2022-2023 NGA CHAIR'S INITIATIVE SPONSORSHIP
MAJORITY FORWARD 1032 15TH STREET NW SUITE 247 WASHINGTON, DC 20005	83-3690373	501C4	15,000.	0.			GENERAL OPERATING SUPPORT
HUMAN RIGHTS CAMPAIGN 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036	52-1243457	501C4	10,000.	0.			2022 HUMAN RIGHTS CAMPAIGN SPONSORSHIP
HOUSE MAJORITY FORWARD 700 13TH STREET NORTHWEST SUITE 600 WASHINGTON, DC 20005	83-4185105	501C4	25,000.	0.			GENERAL OPERATING SUPPORT
CONGRESSIONAL BLACK CAUCUS POLITICAL EDUCATION & LEADERSHIP - 413 NEW JERSEY AVENUE SOUTHEAST - WASHINGTON, DC 20003	52-2270607	501C4	30,000.	0.			GENERAL OPERATING SUPPORT & ANNUAL POLICY CONFERENCE SPONSORSHIP
OKLAHOMA GROWTH ALLIANCE INC 1110 WEST MAIN STREET NORMAN, OK 73069	81-3175973	501C4	10,000.	0.			GENERAL OPERATING SUPPORT
PUT ALABAMA FIRST 301 WASHINGTON STREET NW #302 HUNTSVILLE, AL 35801	82-1477615	501C4	15,000.	0.			GENERAL OPERATING SUPPORT
STATE SOLUTIONS INC 1747 PENNSYLVANIA AVENUE NW SUITE 2 WASHINGTON, DC 20006	45-3092150	501C4	50,000.	0.			MEMBERSHIP DUES
STRONGER AMERICA INC 1320 NORTH COURTHOUSE ROAD SUITE 21 ARLINGTON, MI 22201	88-3884521	501C4	250,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Schedule I (Form 990)

20-8802884

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN UNITY FUND INC PO BOX 833 ANNANDALE, VA 22003	46-1707548	501C4	25,000.	0.			GENERAL OPERATING SUPPORT
AMERICA VOTES 1155 CONNECTICUT AVE. NW SUITE 600 WASHINGTON, DC 20036	26-4568349	501C4	45,000.	0.			GENERAL OPERATING SUPPORT
LETS DO THIS OKLAHOMA INC 713 NORTHWEST 17TH STREET OKLAHOMA CITY, OK 73103	87-1143132	501C4	10,000.	0.			GENERAL OPERATING SUPPORT
MEXICAN AMERICAN LEGISLATIVE POLICY COUNCIL - 1108 LAVACA STREET SUITE 110-351 - AUSTIN, TX 78701	74-2718801	501C6	11,000.	0.			DIA DE LOS MUERTOS EVENT SPONSORSHIP
WOMEN IN GOVERNMENT RELATIONS 908 KING STREET SUITE 320 ALEXANDRIA, VA 22314	52-1081459	501C6	20,000.	0.			WGR EMPOWERMENT NETWORK SPONSORSHIP
SAFE SCHOOLS SAFE COMMUNITIES OREGON - 715 NW HOYT STREET 6536 - PORTLAND, OR 97228	88-3710827		155,000.	0.			DONATION TO BALLOT MEASURE COMMITTEE
NATIONAL CONFERENCE OF STATE LEGISLATURES - 7700 EAST FIRST PLACE - DENVER, CO 80230	84-0772595	GOVERNMENT	35,000.	0.			GENERAL OPERATING SUPPORT & QUAD CAUCUS JOINT SERIES EVENT SPONSORSHIP
WESTERN GOVERNORS' ASSOCIATION 1600 BROADWAY, SUITE 1700 DENVER, CO 80202	84-0747227	GOVERNMENT	25,000.	0.			THE WESTERN GOVERNORS' ASSOCIATION SPONSORSHIP

Schedule I (Form 990)

EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.

20-8802884

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION MAINTAINS COPIES OF THE AGREEMENTS AND MONITORS EACH
GRANTEE'S PERFORMANCE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.** Employer identification number **20-8802884**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b <input checked="" type="checkbox"/>	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	<input checked="" type="checkbox"/>
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	<input checked="" type="checkbox"/>
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	<input checked="" type="checkbox"/>
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	<input checked="" type="checkbox"/>
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	<input checked="" type="checkbox"/>
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	<input checked="" type="checkbox"/>
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	<input checked="" type="checkbox"/>
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	<input checked="" type="checkbox"/>
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Schedule J (Form 990) 2022

20-8802884

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHARLES B. KELLY	(i)	373,750.	0.	0.	4,317.	38,104.	416,171.	0.
POLITICAL AFFAIRS SENIOR V	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MATTHEW MCTIGHE	(i)	365,750.	0.	11,961.	11,837.	13,383.	402,931.	0.
COO & EXECUTIVE VICE PRESI	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NICHOLAS SUPLINA	(i)	303,750.	0.	0.	0.	38,104.	341,854.	0.
LAW & POLICY SENIOR VICE P	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ZOE L. SEGAL-REICHLIN	(i)	272,250.	0.	0.	10,300.	38,104.	320,654.	0.
GENERAL COUNSEL SENIOR VIC	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STACEY MERA LIPSON	(i)	216,042.	0.	0.	8,642.	38,099.	262,783.	0.
COMMUNICATIONS CHIEF PUBLIC AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MONISHA HENLEY	(i)	197,750.	0.	0.	8,020.	25,919.	231,689.	0.
STATE GOVERNMENT AFFAIRS MANAGING DI	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

FIRST CLASS TRAVEL WAS OCCASIONALLY USED BY THE PRESIDENT AND COO BASED ON
BUSINESS NEED, IN ACCORDANCE WITH THE ORGANIZATION'S DOCUMENTED TRAVEL &
EXPENSE POLICY AND AS APPROVED BY THE CHIEF FINANCIAL OFFICER. THE COSTS
OF SUCH TRAVEL FOR BUSINESS PURPOSES WERE PROPERLY EXCLUDED FROM TAXABLE
COMPENSATION.

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

2022**Open to Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.Name of the organization **EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**Employer identification number
20-8802884**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	56,550.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....)				
26 Other (.....)				
27 Other (.....)				
28 Other (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement**29****30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?**b** If "Yes," describe the arrangement in Part II.**31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?**b** If "Yes," describe in Part II.**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION RECEIVED THREE SEPARATE GIFTS OF PUBLICLY TRADED
SECURITIES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.

Employer identification number
20-8802884

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LEGISLATION AND INITIATIVES AND REDUCE GUN VIOLENCE THROUGH THE
EDUCATION OF POLICY-MAKERS, THE PRESS, AND THE PUBLIC ABOUT THE
CONSEQUENCES OF GUN VIOLENCE AND ORGANIZING COMMUNITIES IN SUPPORT OF
GUN SAFETY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORT OF GUN SAFETY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE MASSIVE VICTORY IN CONGRESS WAS MET WITH A HISTORIC YEAR AT THE
BALLOT BOX AT ALL LEVELS OF GOVERNMENT, INCLUDING KEY VICTORIES IN
ARIZONA, COLORADO, GEORGIA, MICHIGAN, NEVADA AND PENNSYLVANIA, ONCE
AGAIN PROVING GUN SAFETY IS THE ISSUE TO RUN AND WIN ON AT THE FEDERAL,
STATE AND LOCAL LEVEL. EVERYTOWN ACTION FUND AWARDED A RECORD-BREAKING
5,000 GUN SENSE CANDIDATE DISTINCTIONS ACROSS ALL 50 STATES AND
WASHINGTON, D.C. AND AS MOMS DEMAND ACTION VOLUNTEERS GO FROM
ADVOCATING FOR GOOD POLICY TO WRITING IT, ALL TOLD, DURING THE
2021-2022 ELECTION CYCLE, MORE THAN 275 VOLUNTEERS RAN FOR OFFICE, AND
A RECORD-BREAKING 158 VOLUNTEERS WON THEIR RACES.

DURING AUGUST'S NINTH ANNUAL TRAINING CONFERENCE, GUN SENSE UNIVERSITY,
WE HOSTED OUR LARGEST GATHERING EVER: MORE THAN 2,500 MOMS DEMAND
ACTION AND STUDENTS DEMAND ACTION VOLUNTEERS AND GUN VIOLENCE SURVIVORS
CAME TOGETHER VIRTUALLY AND IN PERSON TO LEARN, SHARE, CELEBRATE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization	EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number	20-8802884
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SUCSESSES AND PREPARE FOR THE WORK AHEAD. WE ALSO PRESENTED OUR ANNUAL GUN SENSE LAWMAKER OF THE YEAR AWARDS TO FEDERAL, STATE AND LOCAL LEVEL GUN SENSE CHAMPIONS.

ADDITIONALLY, THANKS TO HARD FOUGHT ADVOCACY OF EVERYTOWN, ALONGSIDE MOMS DEMAND ACTION AND STUDENTS DEMAND ACTION VOLUNTEERS, STATE LAWMAKERS AND GOVERNORS ENACTED AT LEAST 51 GUN SAFETY BILLS, INVESTED \$860 MILLION IN GUN VIOLENCE PREVENTION AND LOCAL VIOLENCE INTERVENTION AND PREVENTION PROGRAMS, AND REJECTED DOZENS OF EXTREME GUN LOBBY-BACKED BILLS TO WEAKEN GUN LAWS.

FIREARMS ARE THE LEADING CAUSE OF DEATH FOR CHILDREN AND TEENS, AND GUN VIOLENCE CONTINUED TO SHATTER FAMILIES AND COMMUNITIES, BUT EVERY STEP OF THE WAY, EVERYTOWN WORKED WITH POLICYMAKERS, THE MEDIA AND THE PUBLIC TO UNDERSCORE THE URGENCY OF ACTION ON GUN SAFETY.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION'S BYLAWS PROVIDE THAT THE ORGANIZATION'S BOARD OF DIRECTORS WILL SERVE AS THE MEMBERS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION'S BYLAWS PROVIDE THAT THE ORGANIZATION'S BOARD OF DIRECTORS WILL SERVE AS THE MEMBERS OF THE ORGANIZATION, WHO WILL ELECT THE MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 8B:

THE CORPORATION HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOARD.

Name of the organization **EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number
20-8802884

FORM 990, PART VI, SECTION B, LINE 11B:

ALL OF THE DIRECTORS WILL BE PROVIDED WITH A COPY OF THE CURRENT YEAR FORM 990 BEFORE THE PRESIDENT SIGNS AND FILES THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS REQUIRES FULL DISCLOSURE OF ALL ACTUAL AND POTENTIAL CONFLICTS OF INTEREST. EACH DIRECTOR SHALL DISCLOSE ANY AND ALL FACTS THAT MAY BE CONSTRUED AS A CONFLICT OF INTEREST, BOTH THROUGH AN ANNUAL DISCLOSURE PROCESS AND WHENEVER SUCH ACTUAL OR POTENTIAL CONFLICT OCCURS.

THE BOARD OF DIRECTORS WILL DETERMINE WHETHER OR NOT A CONFLICT OF INTEREST EXISTS, AND WHETHER OR NOT SUCH CONFLICT MATERIALLY AND ADVERSELY AFFECTS THE INTERESTS OF EVERYTOWN FOR GUN SAFETY ACTION FUND INC. A DIRECTOR WHOSE POTENTIAL CONFLICT IS UNDER REVIEW MAY NOT DEBATE, VOTE, OR OTHERWISE PARTICIPATE IN SUCH DETERMINATION. IF THE BOARD OF DIRECTORS DETERMINES THAT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST DOES EXIST, THE BOARD SHALL ALSO DETERMINE AN APPROPRIATE REMEDY.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS AND THE PRESIDENT HAVE INSTITUTED AN ANNUAL REVIEW AND APPROVAL PROCESS FOR COMPENSATION OF OFFICERS AND KEY EMPLOYEES. THIS PROCESS TAKES INTO ACCOUNT THE ORGANIZATION'S FINANCIAL POSITION AND EVALUATES AVERAGE SALARIES USING COMPARABLE INTERNAL AND EXTERNAL DATA TO ENSURE THAT COMPENSATION IS REASONABLE. OFFICERS WHOSE COMPENSATION IS UNDER REVIEW DO NOT PARTICIPATE IN THE REVIEW AND APPROVAL PROCESS. THE APPROVAL PROCESS INCLUDES CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

Name of the organization **EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number
20-8802884

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MN, MO, MS, NH, NJ, NM, NY, OR, PA, SC, TN, UT, VA, WV
WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AND FORM 990S AVAILABLE TO
THE PUBLIC ON ITS WEBSITE OR UPON REQUEST. ADDITIONALLY, THE ORGANIZATION'S
FORM 1023 IS AVAILABLE UPON REQUEST. ALL REQUESTS FOR REVIEWING THE
ORGANIZATION'S DOCUMENTS CAN BE ADDRESSED TO THE ORGANIZATION IN CARE OF
GELLER & COMPANY LLC, AS NOTED IN PART VI, SECTION C, QUESTION 20.

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS DIRECTLY EXERCISE OVERSIGHT OF THE AUDIT OF
FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR.

COST SHARING AGREEMENT:

THE ORGANIZATION IS PARTY TO A COST SHARING AGREEMENT WITH EVERYTOWN
FOR GUN SAFETY SUPPORT FUND, INC.

THE PURPOSE OF THE COST SHARING AGREEMENT IS TO MINIMIZE DUPLICATIVE
EXPENSES AND TO CARRY OUT THE ORGANIZATIONS' MISSIONS IN AN ECONOMICAL
AND EFFICIENT MANNER, WHICH INCLUDES THE SHARING OF EMPLOYEES WHOSE
SKILLS AND KNOWLEDGE WILL ASSIST BOTH ORGANIZATIONS, CONSISTENT WITH
EACH ORGANIZATION'S TAX EXEMPT PURPOSE.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
EVERYTOWN FEDERAL VICTORY FUND - 85-4276951 PO BOX 4184 NEW YORK, NY 10163	POLITICAL ACTIVITY	DELAWARE	527	N/A	EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	X	
EVERYTOWN FOR GUN SAFETY VICTORY FUND - 81-3928802, PO BOX 4184, NEW YORK, NY 10163	POLITICAL ACTIVITY	DELAWARE	527	N/A	EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	X	
EVERYTOWN FOR GUN SAFETY VICTORY FUND STATE COMMITTEE LLC - 85-2959895, PO BOX 4184, NEW YORK, NY 10163	POLITICAL ACTIVITY	DELAWARE	527	N/A	EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Schedule R (Form 990) 2022

20-8802884 Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) EVERYTOWN FOR GUN SAFETY VICTORY FUND	B	6,500,000.	CASH
(2) EVERYTOWN FOR GUN SAFETY VICTORY FUND EVERYTOWN FOR GUN SAFETY VICTORY FUND	Q	34,591.	CASH
(3) STATE COMMITTEE LLC	Q	20,208.	CASH
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.

Depreciation and Amortization
(Including Information on Listed Property)

990

OMB No. 1545-0172

2022Attachment
Sequence No. **179**

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.****FORM 990 PAGE 10****20-8802884****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,700,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	107,804.

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	107,804.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Form 4562 (2022)

20-8802884 Page 2

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2022 tax year:

	:	:			
	:	:			

43 Amortization of costs that began before your 2022 tax year **STMT 1 43 303,527.**

44 Total. Add amounts in column (f). See the instructions for where to report **44 303,527.**

FORM 4562

PART VI - AMORTIZATION

STATEMENT 1

(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.
WEBSITE	08/01/19	181,300.	197	42M	125,183.	51,800.
MOBILE APP	10/15/19	450,375.	197	42M	289,528.	128,679.
WEBSITE	08/03/20	228,000.		42M	92,286.	65,143.
MOBILE APP	09/01/20	74,334.		42M	28,317.	21,238.
MOBILE APP	08/23/21	110,000.		36M	12,222.	36,667.
TOTAL TO FORM 4562, LINE 43						303,527.